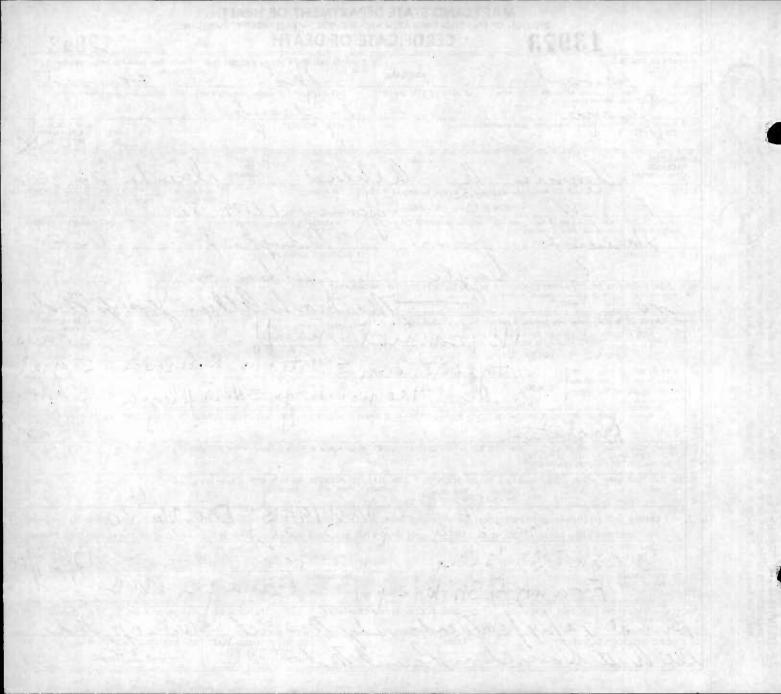
VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13973

13942

1. PLACE OF DEATH O. COUNTY Adamand MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Annie a. Middle	bers 4. DATE OF DEATH Cleenher 26 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	87 DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	Maryland USA
13. FATHER'S NAME ? Dayle	14. MOTHER'S MAIDEN RAME LINDRAWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or doles of service)	We Brank alker Jessup My
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the under-	1 Jusuff - Selevis 5 ys.
lying cause last. (c) erebraer / wer	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
206. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I ar Part II af item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
21. 1 certify that (I) (this haspital) attended the deceased fram.	death accurred a AM, from the causes and an the date stated above
Jank Shipley	M.D. PHYS. MED. STAFF 276/DATE SIGNED MED. SIGNED
22c. PHYSICIAN'S NAME (Type) Frank E.Shilley	22d. ADDRESS Savage, Ma.
23a. Byrial, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	edge Mem Ruch Warrey Mil
24. FUNTERAL DIRECTOR'S SIGNATURE) ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRARY SIGNATURE Crithus S. Kraus



13966

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

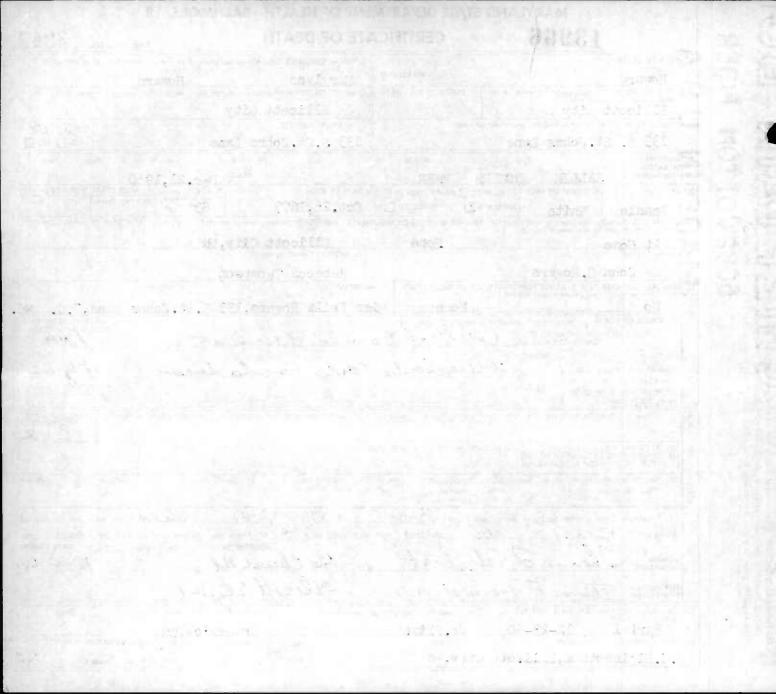
				1	2	0	1	•
Re	g. I	Dist.	No.	1	U	J	7	3

1. PLACE OF DEATH o. COUNTY Howard			MARYLA		a. STATE Marvlan		re deceased	b. COUNTY		nce befo	re ødmiss	iian)
b. CITY OR TOWN RURAL and give r		its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOV	VN (If au	tside carpor	ate limits, write l		give ned	orest tawr	n)
d. NAME OF HOSPI	TAL (If not in hospital.		address)		d. STREET ADD	RESS	ns Lai	ne				FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Lost		4. DATE OF	* Ma	nth	Do	y	Year
(Type ar print)	SALLIE	ROGER	S BAER				DEATH	Dec. 21,	1960			19
5. SEX Female	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED ED DIVORCED [Oct. 26,1	877		9. AGE (In years last birthdoy) 83 yrs.	Manths	Days	Haurs	Min.
10a. USUAL OCCUPATI	ON (Give kind af wark	dane 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE	E (State a	r fareign ca	untry)	12. CIT	IZEN OF	WHAT	OUNTRY?
At Home	rking life, even if retired	1)	None		Elli		City,	Md				
	G.Rogers				Rebecc							
15. WAS DECEASED EV	ER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	INF	ORMANT	a In	Oillbaor	Add	Iress			
(Yes, no, or unknown)	(If yes, give war or dates of		None	1/4 0	c Teile	Daga	ma 722	0 04 7	-1		D 0	203
	ATH [Enter only one co	ause per lis		MTP	s Ieila	noge	18,10	2.5hed	omns		ERVAL BE	
	ATH WAS CAUSED BY:	Juse per il	01 (0), (0), and (c).		0	A .	0	4			SET AND	DEATH
111	IMMEDIATE CAUSE (eural.	Vie	culan	uce	eckes	el .			14	12
7	DUE TO	n n	to la +	_ ,	20 0		1	,			10	
Conditions, if a)_ ((under	2.0	aulio-1	UZDIC	esta	deslos	_	/	Uy	erm
cause (a), stating												
lying cause last.) (-)								1		
CATIC	HER SIGNIFICANT CON	ADITIONS C	CONTRIBUTING TO DEATH	H BUT N	OT RELATED TO TH	IE TERMIN	AL DISEASE	CONDITION GI	VEN IN PAI	RT 1(o) 1	9. WAS PERFC YES [RMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of in	njury in Po	art I ar Part	II af item 18.)				
20c. TIME OF INJU Haur a. m.	RY Month, Doy, Ye	While	Nat while		E OF INJURY (Harry, street, office bl			ar tawn)	(Caunty)		(Stote)
₹ p. m.		at war	2 11	-				-				-
21. I certify t	hat I attended the	deceas	ed fram. 2-14		, 19_2.7_,	tod	4-21	1960	that I le	ast sav	v the d	leceased
alive an	2-20	, 196	202, and that d	eath o	ccurred at	TAI	M, fram	the causes ar	nd an th	e date		
	10 0	20	1 , 1		4.6	A / A	DDRESS (St	reet, city or town	, state)		DAT	E SIGNED
SIGNATURE	Momas C	×, U	terbert,	м.	0. 46 (bu	rele 12	1			12-1	2-60
PHYSICIAN'S NAME (Type)	Thomas F.	He.	rbest, M.D		Elle	col	& cal	a kee				
22a. BURIAL, CREMATIC REMOVAL (Specify		OF	22c. NAME OF CEMETE	RY OR	REMATORY		22d. LOCAT	ION (City, tawn,	ar county)		(Stat	te)
Burial	12-23-	60	Mt. Olivet			911	Frede	erick.Md				
23. FUNERAL DIRECTOR	S'S SIGNATURE		ADDRESS	50	24	la. REC'D	BY REGIST	RAR 24b. REG	ISTRAR'S SI	GNATU	RE	
F C Higin	hothom Elli	cot.t.	City, Md		0	ATT WICE	2 7 '61	a a	Thun 9	4.		

death. Page funeral Pages 1 and 2 should and campletely filled in b ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur May be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet page 3 shauld be detached far use as the burial-transit permit. Then please remove carborr appers, the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death

VS A15 (4) 15M 9/5B



FOR STATE HEALTH DEPT. please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the fune. Airector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may 3 to the fune. To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hoeths, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death s necessary, EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any di TO DEPUT VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY				2. USUAL RESIDE	NCE (Where de			TI COL	empre mamission
		MAR	YLAND	e. STATE Maryland		b. COU	ward		
b. CITY OR TOWN (I	outside corporeta limits, give neerest town)	c. LENGTH OF S		c. CITY OR TOWN	(If outside corpo			give near	est town)
Ellicott		July and T		(Ellicott	City				
d. NAME OF HOSPIT	AL OR INSTITUTION (if n	ot in hospital, give streat ed	dress)	d. STREET ADDRESS				0	ON A FARM
57 Main	St.			57 Main S	t			1	ES NO
3. NAME OF DECEASED	First	Middle		Lest	4. DATE	Mon	lh .	Dey	Yeer
(Type or print)	JAMES OLIV	TER BOLDISO			DEATH		c.7,19		19
5. SEX	3171-1 + n	MARRIED NEVER MARR		2-10-1880	9.	. AGE (In yeer lest birthdey) 79 yrs.	Months D		UNDER 24 HRS.
Male OCCUPATI	ON (Give kind of work	106. KIND OF BUSINESS O		11. BIRTHPLACE (Stat	ta or foreign cou		1 12. CITI	ZEN OF W	HAT COUNTRY
done during most of wo	rking life, even if retired)		J. II . D C C I K I		ALCOHOLD STATE	,,			
Retired		None		Oella, Mo					
3. FATHER'S NAME			1	4. MOTHER'S MAIDER	NAME				
Temi	el Boldison		77.00		17. +	field			
	R IN U.S. ARMED FORCE	S? 1 16. SOCIAL SECURITY	NO. 17. IN	FORMANT	na	Addres	88		
(Yes, no, or unkown) (If	yesgiva war or dates of serv	ice)							
No		218-05-1118	8 Mrs	.Annie Bol	dison, 5	7 Main	St. El	licot	t City
18. CAUSE OF D	EATH (Enter only one ca	12 . 1 . 1 . 1 . 1 . 1	1-) 1					INTERV	AL BETWEEN
	manual famor om, one co	usa par line for (a), (b), end	(c).]					ONICET	
PART I. DEATI	WAS CAUSED BY:			:is				ONSET	
PART I. DEATI	H WAS CAUSED BY: MMEDIATE CAUSE (*)	Coronary Tl		is				ONSET 15	
PART I. DEATH	H WAS CAUSED BY: MMEDIATE CAUSE (*) DUE TO	Coronary Tl	hrombos						min.
42 C	H WAS CAUSED BY: MMEDIATE CAUSE (*) DUE TO , which (b)		hrombos		ar Dise	ase			
Conditions, if any	MAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Which the ceuse	Coronary Tl	hrombos		ar Dise	ase			min.
Conditions, if any gave rise to immedia	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO which the ceuse aderlying DUE TO	Coronary Tl	hrombos		ar Dise	ase			min.
Conditions, if any gave rise to immediately, stating the uncausa last.	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO which declying DUE TO (c)	Coronary Th	hrombos tic Car	dio Vascul			VFN IN DADT	5	years
Conditions, if any gave rise to immediately, stating the uncausa last.	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO which declying DUE TO (c)	Coronary Tl	hrombos tic Car	dio Vascul			VEN IN PART	5	years
Conditions, if any gave rise to immediately, stating the uncausa last.	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO which declying DUE TO (c)	Coronary Th	hrombos tic Car	dio Vascul			VEN IN PART	5	years was autopsy
Conditions, if any gave rise to immediately, stating the uncause last.	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Which are couse aderlying SIGNIFICANT CONDITION USE WAS 20b.	Coronary Th	hrombos	related to the term	MINAL DISEASE	CONDITION GI	VEN IN PART	5 5 1(e) 19. 1	years was autopsy performed?
Conditions, if any gave rise to immedia (e), stating the uncause last. PART II. OTHER 20a. EXTERNAL CAPRIMARY or CO	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO (b) SIGNIFICANT CONDITION USE WAS NTRIBUTING 206.	Coronary Theriosclero	hrombos tic Car ATH BUT NOT DCCURED. (End	RELATED TO THE TERM er neture of Injury in P.	AINAL DISEASE (art I or Part II of	CONDITION GI	VEN IN PART	15 5 1(e) 19. V	years was autopsy performed?
Conditions, if any gave rise to immediately the uncausa last. PART II. OTHER 20a. EXTERNAL CAPRIMARY or CO	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO (b) SIGNIFICANT CONDITION USE WAS NTRIBUTING 206.	Coronary Tl	hrombos tic Car ATH BUT NOT DCCURED. (End	related to the term	AINAL DISEASE (art I or Part II of	CONDITION GI		15 5 1(e) 19. V	years was autopsy performed?
Conditions, if any gave rise to immediately, stating the uncausa last. PART II, OTHER PART III, OTHER PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour a.m. p.m.	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Which bite ceuse Identifying DUE TO (c) SIGNIFICANT CONDITION USE WAS NTRIBUTING 20b. RY Month, Dey, Yeer	Coronary Ti	hrombos tic Car ATH BUT NOT DCCURED. (End	RELATED TO THE TERM er natura of Injury in P. E OF INJURY (Home, fa y, streat, office bldg., a)	AINAL DISEASE (art I or Part II of	CONDITION GI		15 5 1(e) 19. YES	years was autopsy performed?
Conditions, if any gave rise to immedia (e), stating the uncause last. PART II. OTHER 20a. EXTERNAL CAPRIMARY or COCAUSE OF DEATH. 20c. TIME OF INJUITED THE CAPRIMARY or COCAUSE OF DEATH. 21. I certify the	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO (b) DUE TO (c) SIGNIFICANT CONDITION USE WAS NTRIBUTING 20b. RY Month, Dey, Year 19 at I took charge of the course of	Coronary Ti	hrombos tic Car ATH BUT NOT DCCURED. (End	RELATED TO THE TERM er neture of Injury in P. E OF INJURY (Home, fe y, street, office bldg., at	and I or Part II of	CONDITION GI item 18.) / or town)	(Coun	15 5 1(e) 19. YES	years years was autopsy performed? No (Slete)
Conditions, if any gave rise to immediately, stating the uncausa last. PART II, OTHER 20a. EXTERNAL CAPRIMARY Or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour a.m. p.m.	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO (b) DUE TO (c) SIGNIFICANT CONDITION USE WAS NTRIBUTING 20b. RY Month, Dey, Year 19 at I took charge of the course of	Coronary Ti	ATH BUT NOT DOCCURED. (Ent	RELATED TO THE TERM er natura of Injury in P. E OF INJURY (Home, fa y, streat, office bidg., a) an Autopsy, e, Homicide	and I or Part II of rm, 20f. (City Inspection	CONDITION GI	(Coun	15 5 1(e) 19. YES	years years was autopsy performed? No (Slete)
Conditions, if any gave rise to immediately cause last. PART II. OTHER 20a. EXTERNAL CAPRIMARY or COCAUSE OF DEATH. 20c. TIME OF INJU Hour a.m. p.m. 21. I certify the death resulted for the conditions of th	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Which bite cause Identifying DUE TO (c) SIGNIFICANT CONDITION USE WAS NTRIBUTING 20b. RY Month, Dey, Year 19 at I took charge of the cause Natural cause	Coronary Ti	ATH BUT NOT CCCURED. (Entre factor factor above, held	RELATED TO THE TERM er natura of Injury in P. E OF INJURY (Home, fa y, streat, office bldg., at an Autopsy, e, Homicide CHIEF MEDICA	and I or Part II of	item 18.) / or town) X. Inquidetermined in	(Coun	15 5 1(e) 19. YES	years was autopsy PERFORMED? (Stete)
Conditions, if any gave rise to immedia (e), stating the uncausa last. PART II. OTHER 20a. EXTERNAL CAPRIMARY or COCAUSE OF DEATH. 20c. TIME OF INJUITED TO THE CAUSE OF DEATH. 21. I certify the	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Which bite cause Identifying DUE TO (c) SIGNIFICANT CONDITION USE WAS NTRIBUTING 20b. RY Month, Dey, Year 19 at I took charge of the cause Natural cause	Coronary Ti	ATH BUT NOT CCCURED. (Entre factor factor above, held	RELATED TO THE TERM er natura of Injury in P. E OF INJURY (Home, fa y, streat, office bldg., at an Autopsy, e, Homicide CHIEF MEDICA	and I or Part II of rm, 20f. (City Inspection	item 18.) / or town) X. Inquidetermined in	(Coun	15 5 1(e) 19. YES	years years was autopsy performed? No (Slete)
Conditions, if any gave rise to immedia (e), stating the uncause last. PART II. OTHER 20a. EXTERNAL CAPPRIMARY or COCAUSE OF DEATH. 20c. TIME OF INJUING Hour a.m. p.m. 21. I certify the death resulted for the condition of	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO (b) DUE TO (c) SIGNIFICANT CONDITION USE WAS NTRIBUTING 20b. RY Month, Dey, Year 19 at I took charge of the course of	Coronary Ti	ATH BUT NOT CCCURED. (Entre factor factor above, held	RELATED TO THE TERM er natura of Injury in P. E OF INJURY (Home, fa y, streat, offica bidg., a) I an Autopsy, e, Homicide CHIEF MEDICALM.D. ASSISTANT ME	and I or Part II of	condition Gi	(Country X).	15 5 1(e) 19. YES	years was autopsy Performed No (State) my opinion E SIGNED
Conditions, if any gave rise to immedia (e), stating the uncause last. PART II. OTHER 20a. EXTERNAL CAPRIMARY or COCAUSE OF DEATH. 20c. TIME OF INJUMENT or COCAUSE OF DEATH. 21. I certify the death resulted for the condition of the company of the company of the company of the condition of the company	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Which bite cause Identifying DUE TO (c) SIGNIFICANT CONDITION USE WAS NTRIBUTING 20b. RY Month, Dey, Year 19 at I took charge of the cause Natural cause	Coronary Ti	ATH BUT NOT CCCURED. (Entre factor factor above, held	RELATED TO THE TERM er natura of Injury in P. E OF INJURY (Home, fe y, streat, offica bidg., a) I an Autopsy, CHIEF MEDICAL M.D. ASSISTANT ME DEPUTY MEDIC	and I or Part II of	item 18.) y or town) X Inquidetermined to the control of the con	(Country X).	15 5 1(e) 19. YES	years was autopsy Performed No (State) my opinion E SIGNED
Conditions, if any gave rise to immedia (e), stating the uncause last. PART II, OTHER 20a. EXTERNAL CAPPRIMARY or COCAUSE OF DEATH. 20c. TIME OF INJUMENT or COCAUSE OF DEATH. 21. I certify the death resulted for the company of	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Which the couse Inderlying DUE TO (c) SIGNIFICANT CONDITION OUSE WAS NTRIBUTING 19 at I took charge of the couse The couse Council Council The couse The	Coronary Ti	ATH BUT NOT DCCURED. (Ent	RELATED TO THE TERM er natura of Injury in P. E OF INJURY (Home, fa y, streat, office bidg., a L an Autopsy, e, Homicide CHIEF MEDICA, ASSISTANT ME DEPUTY MEDIC Addrass (Streat	INAL DISEASE (art I or Part II of tr., 20f. (City tc.) Inspection EXAMINER EDICAL EXAMIN AL EXAMINER City, town, or	item 18.) y or town) X Inquidetermined to the control of the con	(Country X). manner D	15 5 1(e) 19. YES	years was autopsy Performed No (State) my opinion E SIGNED
Conditions, if any gave rise to immedia (e), stating the uncause last. PART II. OTHER 20a. EXTERNAL CAPPRIMARY or COCAUSE OF DEATH. 20c. TIME OF INJUMENTAL CAPPRIMARY for COCAUSE OF DEATH. 21. I certify the death resulted for COCAUSE OF DEATH. 21. I certify the death resulted for COCAUSE OF DEATH. 22a. BURIAL, CREMATIO REMOVAL (Specify) 22a. BURIAL, CREMATIO REMOVAL (Specify)	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Which the ceuse Inderlying DUE TO (c) SIGNIFICANT CONDITION USE WAS RY Month, Dey, Year 19 at I took charge of the couse The couse The couse RY Month, Dey, Year 19 The couse Council Council Council Council Council RY Month, Dey, Year 19 The council Council Council Council Council RY Month, Dey, Year 19 The council Council Council Council Council Council RY Month, Dey, Year 19 The council	Coronary Ti	ATH BUT NOT CCCURED. (Ent 200. PLACE factor above, held Suicid	RELATED TO THE TERM er natura of Injury in P. E OF INJURY (Home, fa y, streat, office bidg., a L an Autopsy, e, Homicide CHIEF MEDICA, ASSISTANT ME DEPUTY MEDIC Addrass (Streat	Inspection EXAMINER EDICAL EXAMINER City, town, or	item 18.) or town) X Inquidetermined in the country of the count	(Country)	15 5 1(e) 19. YES	years was autopsy PERFORMED? PERFORMED? (Stete) my opinion E SIGNED
Conditions, if any gave rise to immedia (e), stating the uncause last. PART II. OTHER 20a. EXTERNAL CAPRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJUMENT OF TRANSPORT OF THE CAMPARY O	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Which SIGNIFICANT CONDITION OUSE WAS NTRIBUTING AND	Coronary Ti	ATH BUT NOT CCCURED. (Ent 200. PLACE factor above, held Suicid	RELATED TO THE TERM er natura of Injury in P. E OF INJURY (Home, fe y, streat, offica bidg., a) I an Autopsy, e, Homicide CHIEF MEDICAL M.D. ASSISTANT ME DEPUTY MEDIC Addrass (Streat	Inspection EXAMINER City, town, or City, town, or	item 18.) y or town) X. Inquidetermined if the country of the co	(Country)	15 5 1(e) 19. YES Aty) and in DAT	years was autopsy PERFORMED? PERFORMED? (Stete) my opinion E SIGNED
Conditions, if any gave rise to immedia (e), stating the uncause last. PART II. OTHER 20a. EXTERNAL CAPPRIMARY or COCAUSE OF DEATH. 20c. TIME OF INJUMENT or COCAUSE OF DEATH. 21. I certify the death resulted for the company of	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Which SIGNIFICANT CONDITION OUSE WAS NTRIBUTING AND	Coronary Ti	ATH BUT NOT CCCURED. (Ent.) 200. PLACI factor above, held , Suicid	RELATED TO THE TERM er natura of Injury in P. E OF INJURY (Home, fe y, streat, offica bidg., a) I an Autopsy, e, Homicide CHIEF MEDICAL M.D. ASSISTANT ME DEPUTY MEDIC Addrass (Streat	Inspection EXAMINER City, town, or City, town, or EC'D BY REGISTION AL EXAMINER EC'D BY REGISTION EMALEMATER EACTOR EXAMINER EXAMINER	item 18.) y or town) X. Inquidetermined if the country town (City, town) COUNTY (CITY, town)	(Country)	15 5 1(e) 19. YES Aty) and in DAT ec. 9,	years was autopsy PERFORMED? PERFORMED? (Stete) my opinion E SIGNED

HEATORO STATISTICS TO MANAGE TO DESCRIPTION OF THE OWNER. 17 Ja in 30. pfeithm - modeler taken 19. Notes and All-O-1118 Mrs. Volte polition, 57 with 15. Flaton Crew Little of the little wealth of the street of reference of the country o Section Control MAN TANADATE ... STREET E A. 0.7 \$ 4.030 Sale of Find too X 19, conto bell all all

VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		13974		CERTIF	ICAT	E OF DEATH	1		13	945	
	E OF DEATH	Jaway	1	MAR	(LAND	2. USUAL RESIDENCE (W	here deceased liv	ed. If institution: b. COUNTY	Residence be	fore odmissi	on)
b. CIT	RA ond give n	If outside corporate earest town)	limits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corporote	limits, write RUR	AL ond give n	earest town)
d. N		feld	Row	ddress)		STREET ADDRESS	fuld	Rosa	1		DENCE FARM? NO
3. NAM DECE (Type		Benja	First	Frank	lin	Coran	4. DATE OF DEATH	/	15	19 A	rear
S. SEX	M	6. COLOS OR R.	WIDOWE		0 0	DATE OF BIRTH	884	76 yrs.	UNDER 1 YEA Aonths Days	Hours	Min.
duri	ing most af wor	ON (Give kind of v king life, even if re		Fan	OR INDUST	Man	ylan	l l	12. CITIZEN	US A	9
-	Tha	mas	Coa	n		14. MOTHER'S MAIDEN	wet.	clim	191		pl
	DECEASED EVE	R IN U. S. ARMED (If yes, give wor or dal		OCIAL SECURITY NO). 17. INF	in Lais	Laure	ler Le	aure	dyng.	no
Co go cou lyi		TH WAS CAUSED IMMEDIATE CAU DL. Dry, which	BY: MIST	far (a) (b), ond (c)	1000 200	only	Mount V	non Review	Of	ITERVAL BET	DEATH
CERTIFICATION OB OB						OT RELATED TO THE TERM			IN PART 1(o)	PERFO	RMED?
	CONTRIBUTING	AS UNDERLYING [G CAUSE OF DE MEDICAL EXAMIN	ATH	RIBE HOW INJURY C	OCCURRED.	(Enter nature of injury in	Port or Port	of item 18.)			
WEDICAL 20c.	Hour o.m. p. m.	RY Month, Day,	Year 20d. IN While of work	JURY OCCURRED Not while of work	20e. PLAC	E OF INJURY (Home, far ory, street, affice bldg., e	m, 20f. (City ar	town)	(County	y)	(State)
sav	v the decea	at (I) (this hasp sed alive an_		ed the deceased		ath accurred of 5	arrest.	causes and			abave.
	PHYSICIAN'S	, I deer	melle	thees.	> M	D. ATTENDING PHYS.	MED. DIRECTOR	STAFF DU	1 juliu	1195	SIGNED
	NAME (Type)	ROBER ON 236 DATE TH	TC.	WINGS	-184	ی آ	Total Location				
130	RIAL, CREMATIC MOVAL (Specify LIVELED BEAL DIRECTOR	12/1	8/60	23c, NAME OF CEM	wel	CREMATORY	Aca	V (City, town, or	le ,	Mills (State	7
De	Mitt	- Dan	1 hren	Law.	1	That DATE D	EC 2 1 '60	25b. REGISTA	. 11	oke all	

ATAGO 10 BEADISIDES

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	13971	CI	ERTIFICAT	E OF DEATH			13046
1. PLACE OF DEATH o. COUNTY	laward		MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mar		If institution: Reside	/
b. CITY OR TOWN RURAL and give	(If autside carporate lim	nits, write c. LENGTH	OF STAY IN 16	c. CITY OR JOWN (IF	outside carporate lim		give nearest town)
d. NAME OF HOS OR INSTITUTION	11/2	give street address)	St	d. STREET ADDRESS	rshinge	Tan St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Gra	u n	Middle .	anie	4. DATE OF DEATH	Decembe	Day Year 22 196
S. SEX	6. COLOR/OR RACE	WIDOWED 2	DIVORCED	DATE OF BIRTH	882 lost	birthday) Months	
during mast of w	TION (Give kind of work orking life, even if retire	dane 10b. KIND OF BU	USINESS OR INDUST	RY 11. BIRTHPLACE (State	e mad	12.Cl	US A
13. FATHER'S NAME	lph	Luc		14. MOTHER'S MALDEN	Leth C	ale.	
15. WAS DECEASED E Yes. no. ar unknown)	VER IN U. S. ARMED FO		URITY NO. 17, INF	ormant Beeth	a Canar	Address	anage m
Conditions, if gave rise to cause (a), static lying cause la:	immediate DUE T	6) Hyler	Jensh	úz Card	io-Vas.	Diseas	e 2 yrs
S S	OTHER SIGNIFICANT CO	4		(Enter nature of injury in			NRT 1(a) 19. WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJ Haur a. r p. r	URY Manth, Day, Y		hile facto	CE OF INJURY (Hame, fairry, street, office bldg., e		(n)	(County) (Stor
saw the dece	hat (I) (this has rist	all attended the de	^	ath accurred and	M. fram the c	auses and an th	that (I) (we) la
22g. SGNATURE 22c. PHYSICIAN' NAME (Type	nkest	ujley	11.10.	.D. ATTENDING PHYS.	MED. STA	es V	723/658N
23a. BURIAL, CREMA REMOVAL (Spec	TION, 23b. DATE THERE	OF / 23c. NAM 4/60	E OF CEMETERY OR	CREMATORY Cerneten	23d. LOCATION (City town, or county	ml (State)
24. FUNERAL DIRECTS	OR'S SIGNATURE	Lean La		2Sa RE	C'D BY REGISTRAR	256 REGISTRAR'S	SIGNATURE KLAMA

THE RESIDENCE OF THE PARTY OF T AND THE SECOND S

FOR STATE A DAR MEDICAL EXAMINED'S CEPTIFICATE OF DEATH HEALTH DEPT of Health, director. Page s necessary, TO DEPUT TEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any done necessary please execute the certificate, writing the word "pending" in pencil In Item 18, Give Pages 1, 2, and 3 to the fune director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Title, I O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Items 8.9 FilmG2	76 12-13-60 et	120/17
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: R	lesidence before admission)
Howard MARYLAND	a. STATE b. COUNTY	,
b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 18	c. CITY OK TOWN (If outside corporete limits, write RURAL end	rd
write RURAL end give neerest town)	a. a	give nearest town,
Ellicott City	X Ellicott City	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
RFD 2	RFD 2	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
(Type or print) MARY ELIZABETH DAVTS	OF DEATH Dog 6 1060	19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years If UNDER 1	
	last birthdey) Months 1	Deys Hours Min.
Female White WIDOWED Separated	June 4,1883 1888 77772 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPEACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
At Home None	Howard County Md	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Cuonce Wolfe	The Morey Hoffman 115	
George Wolfe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary. Hoffman , Address	
(Yas, no, or unkown) (Ityes give werordates of service)		
No None M	rs. E.B.Saunders, RFD 2, Ellicott C	ity, Md
18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes Melli	tus	5 years
2 A A DUE TO		Judio
		No. of the last
gave rise to immediate cause (b)		
(e), stating the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
Arteriosclerosis		YES NO
208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Pert II of item 18.)	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
	LACE OF INJURY (Homa, farm, 1 20f, (City or town) (Cour	(6)
	LACE OF INJURY (Homa, farm, 20f. (City or town) (Courectory, street, office bldg., atc.)	oty) (State)
p.m. 19 et work at work		
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection Y, Inquiry Y,	and in my opinion
death resulted from: Natural causes X, Accident , Su	icide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL SO /P		
SIGNATURE JURY C. C. HUSHIN	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER	
NAME (Type) George E. Burgtorf M D	Address (Streat, city, town, or county)	2-6-1960
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or country)	(Stete)
Burial 12-9-1960 New Cathedra	Doltimore 16	
23. FUNERAL DIRECTOR ADDRESS	Raltimore, Md 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	GNATURE
F.C. Higinbothom, Ellicott City, Md		
T. O. HTETHOOMS ETTTOOD OTOS MA	DATDEC 8 '60 Orthur 8 #	Gall

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	MARYLANI	STATE DEPART	MEN	T OF HEALTH	-BAL	TIMORE,	18			
	13968	CERTIFIC	CAT	E OF DEATH	1		Reg. D	ist. No.	13	948
1. PLACE OF DEATH a. COUNTY Howard		MARYLANI		USUAL RESIDENCE (Who o. STATE Md	ere decease	d lived. If institut b. COUNTY			e admissi	ion)
b. CITY OR TOWN (In RURAL and give ne Ellicott C		c. LENGTH OF STAY IN 11	b >	c. CITY OR TOWN (IF o			URAL ond	give nec	rest town)
d. NAME OF HOSPIT OR INSTITUTION Shaffer	AL (If not in hospital, give stre		1	d. STREET ADDRESS Montgomer	y Roa	d	56			IDENCE FARM? NO [X]
3. NAME OF DECEASED (Type or print)	First HA	Middle LBERT		Last	4. DATE OF DEATH	Mo- De	nth'	Do	· .	Year
s. sex Female	White WIDO	RRIED NEVER MARRIED DIVORCED	A	pril 8,1886		9. AGE (In years last birthdoy) 74. yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of wark None 13. FATHER'S NAME	DN (Give kind of wark dane 10 king life, even if retired)	None		Baltimor MOTHER'S MAIDEN N	e, Md	ountry)	12. CI	TIZEN OF	WHATC	OUNTRY
Unkn					Unkn					3,7
(Yes, no, or unknown)	(If yes, give war or dates of service)	6. SOCIAL SECURITY NO. None Ma		n Shaffer, M	ontgo		d,Ell	icot	t_Ci	tv.M
	TH [Enter only one cause per TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]		N		LEST		INTE	RVAL BE	
Conditions, if a	DUE TO	AVS						2	20	45

CATION	PART II. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	PEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY C	OCCURRED. (Enter nature of injury in Po	art I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Y. Haur a.m. p. m.	ear 20d. INJURY OCCURRED While Nat while at wark at work	20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	20f. (City or town)	(County) (Stat
	21. I certify that I oftended the olive on	e deceosed from, 19.60, and that	t death occurred at	M, from the couses one DDRESS (Street, city or town,	

ELLICOTT CITY

24g. REC'D BY REGISTRAR

DATE DEC 1 9 '60

22d. LOCATION (City, town, or county)

Paltimore, 11d

BY REGISTRAR | 246. REGISTRAR'S SIGNATURE

antinen & Knows

(State)

AVS

HTASEVI

THORPE

Parkwood

22c. NAME OF CEMETERY OR CREMATORY

(b)

DUE TO

gave rise to immediate

cause (a), stating the underlying cause lost.

220. BURIAL, CREMATION, REMOVAL (Specify)
Burial
12–15–60

23. FUNERAL DIRECTOR'S SIGNATURE

12-15-60

F.C. Higinbothom, Ellicott City, Md

ACTUAL SIGNATURE

VS A1S (4) 1SM 9/SB

	HTARD TO REATH		ADMR.
District of			Marine broken
	distribution in the		I Promitte
	The reserve	34, 1952, 195	ambere, Lettera
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	An Administra		
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	(matrice)		The same
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		Ton - Oak	772-37-23
	447 3		
		STANK.	E RESERVE TO SERVE
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		Is a second	rational partnership.

FOR STATE HEALTH DEPT.

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TO DEPUT CEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any done is necessary, please execute the certificate, writing the word "pending" in pendil In Item 18. Give Pages 1, 2, and 3 to the fune circator. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

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VS. A15ME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH

ision	of	STATISTICAL	RESEARC	H AND RECORDS,	301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
-1	2	OPCME	CAL	FYAMINER'S	CERTIFICATE OF	DEATH

10010	3040
1. PLACE OF DEATH o. COUNTY 2. USU	JAL RESIDENCE (Where decessed lived, If institution: Residence before elimission)
Howard Maryland	Maryland b. COUNTY Howard
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c.	TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
Simpsonville	Simpsonville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. Si	FREET ADDRESS O. IS RESIDENCE ON A FARM2
	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
47	UNT December 4, 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF	F BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	26,1908 lest birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIR	THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) At. Home None F:	itchburg, Mass
Il o Ilonio	THER'S MAIDEN NAME
James Deery	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA	Mary Deery Address
(Yes no or unkown) ((Kvasnivawarordatesofsarvica)	
	Hunt, Box 498, Randallstown, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED 8YI Gunshot wound of head	
976 DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(e), stating the underlying DUETO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES TO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 2De. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CONTRIBUTING CONTRIBUTION CAUSE OF DEATH. Shot colf through	of injury in Pert I or Pert II of Item 18.)
DHOU SELL GHI OUR	gh mouth
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJ	URY (Home, ferm, ' 20f. (City or town) (County) (State)
Hour a.m. 12/11/ 19 60 at work at work House	office bldg., etc.) Simpsonville. Howard. Maryland
AUG. 22/4/ 17 001 12 120 120 120 120 120 120 120 120	
21. I certify that I took charge of the remains described above, held an Au	
death resulted from: Natural causes , Accident , Suicide X,	Homicide, Undetermined manner
11 (11) (11)	CHIEF MEDICAL EXAMINER
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER 12/5/60
NAME (Type) RUSSELL S. FISHER, M.D.	Address (Street, city, town, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR REMOVAL (Specify)	DRY 22d. LOCATION (City, town, or country) (State)
Burial Dec. 8,1960 National Cemetery	Arlington, Va.
23. FUNERAL DIRECTOR ADDRESS	
23. TOTERAL DIRECTOR	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F.C. Higinbothom, Ellicott City, Md	DABEC 8 '60 Cathur S. Krous

LITARO TO STADRITED BUSINESS IN SECURITION OF THE 30(1, band) | magely there are the area Honey Watehing 1988 as general firms and a transfer of the Sept., other self-autements I could The state of the s The Control of March 1997 and Control of the Contro Long the continue of the state of the state

PLACE OF DEATH Page a. COUNTY Health, a. STATE files. Howard Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 director. write RURAL and give nearest town) 0 Ellicott City 0 o d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Tridelphia Road retained State Tridelphia Road 3 to the fune 3. NAME OF Middle 4. DATE DECEASED OF the (Type or print) DEATH JOHNS OF with 6. COLOR OR RACE 7. MARRIED 5. SEX B. DATE OF BIRTH NEVER MARRIED 2 with S. Page 5 may set 12, and 3 may set 12 may be 12 may be 17 may a bin 72 hours Colored WIDOWED DIVORCED Female June 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired Domestic Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Give Pa Fannie Rogers William Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT permit. (Yes, no, or unkown) | (If yes give war or dates of service) with any certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] 2. Office along burial-transit PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) in pencil DUE TO removal. Conditions, if any, which (b) "pending" gave rise to immadiata cause 45 Examiner's DUE TO (a), stating tha underlying 38 0 nsed cremation, 2 sase execute the certificate, writing the word should be forwarded to the Chief Medical E plnods 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. buri should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20e, PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) While Not While 0 at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection agent, death resulted from: Natural causes IX Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER & EXAMINER'S DEPUT NAME (Type) George E. Burgtori ease 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY its REMOVAL (Spacify) OL 6 12-26-60 40 Burial Browns Chape Dayton. Mo a 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME F.C. Higinbothom, Ellicott City, Md DATEC 2 9 160

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. COUNTY Howard c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Ellicott City e. IS RESIDENCE ON A FARM? YES NO Y Month Year Dec. 22.1960 19 AGE (In years | IT UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Days Months Hours Min. 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Address Henry Johnson, Bethany Lane, Ellicott City, Md ringleratic Cardis- Vasculaw Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO A 2Db. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of item 18.) 20f. (City or town) (Stete) and in my opinion Undetermined manner ASSISTANT MEDICAL EXAMINER DATE SIGNED 12-23-60 Address (Streat, city, town, or county) 22d. LOCATION (City, town, or country) (Stata)

arthur S. Kraus

5M 7/59

She wastif List County County In the 1981, so. But 10 图,可以为一种作为。如此,如此是,而是是自己的种性。在第二十分一个。 The second secon The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13977 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE First Middle Lost Month DECEASED OF DEATH (Type or print) 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months DIVORCED [WIDOWED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ESTELLE 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which ! gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)

NATIONAL PLASTIC CO ODENTON MD

MEDICAL 20c. TIME OF INJURY Hour o. m.

20d. INJURY OCCURRED Doy, Year Not while of work of work

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Toctory, street, office-bldg., etc.)

(County) (State) ANN ARUN

21. I certify that I attended the deceased from .: JANVARY . 1960 and that death occurred at PRESENT, 19 that I lost sow the deceased

ACTUAL

M, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

e. IS RESIDENCE ON A FARM?

Day

Doys

YES NO

Yeor

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO M

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or caunty)

(Stote)

EMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

DATEDEC 2 1 160

240. REC'D BY REGISTRAR

246. KEGISTRAR'S SIGNATORE

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	MARYLAND STATE DEPARTME
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13978

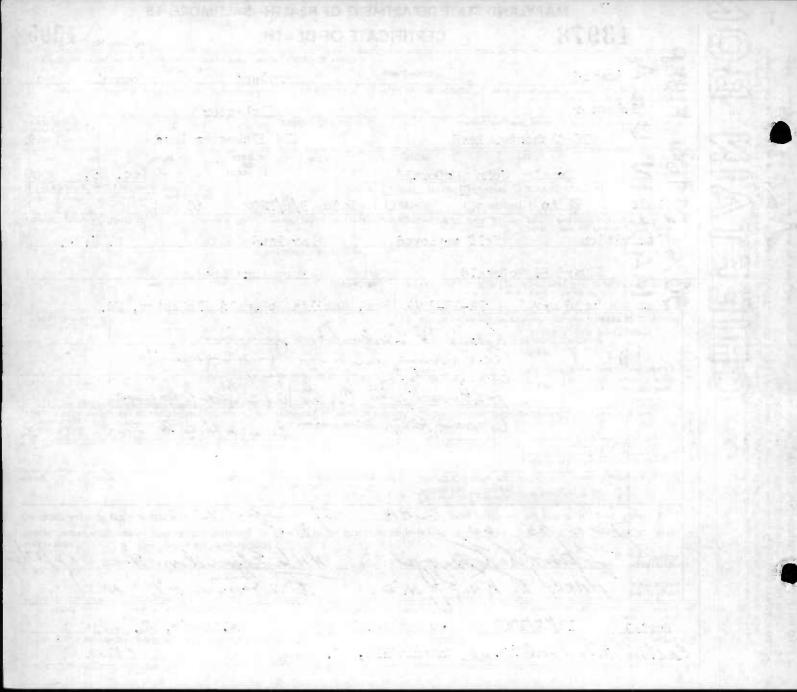
CERTIFICATE OF DEATH

13952

							Neg. Mist.	140.	
1. PLACE OF DEATH a. COUNTY Howard		MARYLAND	2. USUAL RE	SIDENCE (Who		lived. If institution b. COUNTY	n: Residence b		ssian)
b. CITY OR TOWN (If autside carpara RURAL and give nearest town)	te limits, write c. Li	ENGTH OF STAY IN 1b	c. CITY OF	TOWN (If a		ate limits, write RI			vn)
d. NAME OF HOSPITAL (If not in hasp OR INSTITUTION	oital, give street addre chester Ros		d. STREET	ADDRESS		ster Road			SIDENCE A FARM?
CEC 11.	21100001 1000	***	<u> </u>	00.00		7002 10000		1 .20 [7 110 22
3. NAME OF DECEASED (Type or print) Done	First ald John	McDonald		ast	4. DATE OF DEATH	Man	Dec. 2	Day 25,	Year 19 60
5. SEX 6. COLOR OR White		NEVER MARRIED	B. Date OF BIE	3/6/1:	\$02	9. AGE (In years last birthday) 68 yrs.	Manths Da	_	
10a. USUAL OCCUPATION (Give kind of	wark dane 10b. KIND		-	7 -1	7.		12.CITIZEN	OF WHAT	COUNTRY?
during mast af working life, even if					2				
Electrition 13. FATHER'S NAME	SeTI	employed	14. MOTHER	Maryla:				S. A.	•
Eduard 1	B. McDonald	7		Marrir	Anna F	Condor			
15. WAS DECEASED EVER IN U. S. ARME [Yes, no, or unknown] III yes, give war ar di	D FORCES? 16. SOCI		INFORMANT	TO TY	AIIIM	Addr	ress		
Y es World wa	-	-18-2042 M	rs. Ceci	lia Mc	Donald	LIIchest	er Md		
1B. CAUSE OF DEATH [Enter only	ane cause per line for							INTERVAL B	ETWEEN
PART I. DEATH WAS CAUSEI IMMEDIATE CA	BY: MAG	do TV (a	diac De	conce	- A	ime		ONSET ANI	D DEATH
	UE TO	7	0	0		0	1)	345	
Canditions, if any, which)	Jul	morany.	eclemo	- 4	- par	pheral			
gave rise to immediate	UE TO	yelo-to-	coll	10 11		100	1		
lying cause last.	(c) A2X	rioscherot	a Care	tio las	ec. He	enddes	ease		
PART II. OTHER SIGNIFICAN	/ -	ributing to beath B	SCLENOS	ue app	NAL DISEASE	CONDITION GIV	EN IN PART 1(c	a) 19. WAS PERF	ORMED?
PART II. OTHER SIGNIFICAN' OF CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM)	EATH	HOW/INJURY OCCUR	RED. (Enter nature	of injury in P	Part For Part	II of them 1B.)			
		OCCURRED 20e.	PLACE OF INJURY	(Hame, farm,	20f. (City	or tawn)	(Caur	nty)	(State)
20c. TIME OF INJURY Manth, Day	While	Nat while at wark	factary, street, aff	ice bldg., etc.)				
21. I certify that I attended	the deceased f	ram JAN	- 195	7.10-1	Dec.	25, 1960	that I last	saw the	deceased
alive an John .	1 -	, and that dea	th accurred o	18:00/					
ACTUAL FINA	A. A.					reel, city or town,			TE SIGNED
SIGNATURE	1000	19/	_M.D	7	2/77	erctein			
PHYSICIAN'S HARRY	I. KNI	PP.M.D		Da	Hom	ore of	1 2	14	
22a. BURIAL, CREMATION, 22b. DATE T REMOVAL (Specify)		NAME OF CEMETERY				ION (City, tawn, o		(Sto	ate)
	29/1960	New Cathe	dral			timore,			
23. FUNERAL DIRECTOR'S SIGNATURE	009/20	ADDRESS Catonsvil	le. Md.		BY REGIST		STRAR'S SIGNA		
1. 1(ALGO / 1) 1626261-1	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Og COIIS VII	LC a l'IU a	DATERGRA	# 761	1 (1-1	LUIA X TIVE	AJAKA.	

TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurzeiter death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.



VR A1S (4) 1SM 9/59

PLACE OF DEATH o. COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (When o'Maryland		tion: Residence bet Y Howard	ore admission)
b. CITY OR TOWN (If outside corporate limit RURAL and give neorest town) Laurel (rural)	s, write c. LENGTH OF STAY IN 1b	Laurel (run	tside carporote limits, write	RURAL ond give no	earest fawn)
d. NAME OF HOSPITAL (If not in haspital, gi OR INSTITUTION	ive street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Annie Katheri		Lost	DEATH Dec. 6,	, 1960	Year
Female 6. COLOR OR RACE White	7. MARRIED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Jan 16, 1891	9. AGE (In year last birthday)	Months Days	R IF UNDER 24 HE Hours Min.
Oa. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) Nurse	Private home	USTRY 11. BIRTHPLACE (Stote of Birmingham,		12. CITIZEN C	S •
3. FATHER'S NAME Riley McGraw		Molly Byru			
S. WAS DECEASED EVER IN U. S. ARMED FOR	rvice)	INFORMANT		Idress	
	use per line far (a), (b), and (c).	rs. Grace M. De	enslow Fore		TERVAL BETWEEN
See No. or unknown (If yes, give war or dotes of see No. or unknown) (If yes, give war or dotes of see No. or no. or unknown)	DITIONS CONTRIBUTING TO DEATH BE	SC SC ST NOT RELATED TO THE TERMIN	ALDISEASE CONDITION G	IN ON	TERVAL BETWEEN ISET AND DEATH 19. WAS AUTOPS PERFORMED? YES \(\) NO
(If yes, give war or dates of set NO (If yes, give war or dates of yes, give war or dates of set NO (If yes, give war or dates of yes, give yes, give yes, give yes, give yes, give yes, give y	DITIONS CONTRIBUTING TO DEATH BE 20b. DESCRIBE HOW INJURY OCCURRED 20e. I	Arture ST NOT RELATED TO THE TERMIN MICHIEL	ALDISEASE CONDITION G	IN ON	TERVAL BETWEEN ISET AND DEATH 19. WAS AUTOPS PERFORMED? YES \(\) NO
Ves. no. or unknown (If yes, give war or dotes of set NO	DITIONS CONTRIBUTING TO DEATH BE 20b. DESCRIBE HOW INJURY OCCURRED While Not while of work at	PLACE OF INJURY (Hame, farm, actory, street, office bldg., etc.)	IAL DISEASE CONDITION GOT IT I or Part II of item 18.) 20f. (City or town) 1. 10 12 5 M. from the causes of	(County	19. WAS AUTOPS PERFORMED? YES NO

MARYLAND STATE DEPARTMENT OF HEALTH

TO MEASURE OF BEAUTIES while at .or and .or a market action to the control of the at applied the land and analysis south to start a great participation

moy be re TO HOSPITAL

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2020	CERTIFICATE	OF DI	EATI

13954 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	II A STATE	♦CE (Where decease			ore admission)
Howard MARYLAND	Maryl	and	F. COUNTY	rd	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenele	c. CITY OR TO	WN (If outside corpo	rote limits, write R	RURAL ond give ne	arest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADD				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle	Lost	4. DATE OF	Mor		y Year
(Type or print) MARY AURELIA MULLIN	TX	DEATH	Dec.21,		19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 YEAR	
Female White WIDOWED DIVORCED	Aug. 8,1	876	84 yrs.	Months Days	Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	DUSTRY 11. BIRTHPLAC	E (State or fareign c	ountry)	12. CITIZEN C	F WHAT COUN
At Home None	e Frede	rick Co.	Md		
13. FATHER'S NAME	14. MOTHER'S M		312		
David Specht	Mersr	Kessler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT	11000101	Add	ress	
(Yes, no, or unknown) (If yes, give wor or dotes of service)	Joseph A.	Mullinix.	Clanela 1	W.d	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)-77	nosebii K	MATTITIVE	oremerk .		F01/44 DET11/F51
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lendie Van	1	7. 0	-	ON	ERVAL BETWEEN SET AND DEATH
	ure, a	urrosele	rolle		1959
DUE TO	1		1.7		1131
Conditions, if any, which gove rise to Immediate (b)	, Revere	arme	horris.		70
couse (o), stating the under. DUE TO lying cause last.	is General	ned. &	inelite	21	Dec 6
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8	UT NO RELATED TO TH	ERMINAL DISEAS	E CONDITION GI	EN IN PART 1(0)	P. WAS AUTOPS
<u>S</u>			10 F 100		YES NO
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of in	jury in Part I or Par	t II of item 18.)		
Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work	PLACE OF INJURY (Hor foctory, street, affice bl	ne, farm, 20f. (City dg., etc.)	or town)	(Counly)	(Sto
21. I certify that I attended the deceased from 1957	7	10 21 De	1960	2, that I last so	nw the decer
A 1 1/1 A	th accurred at 2	OOP M from	the course	and on the de	to started at
9/ 10/5/	in accorded ages.		reet, city or town,		DATE SIG
SIGNATURE HOVERS & Hall	M.D	Fylian	Me, >	nt	21 Dec
PHYSICIAN'S NAME (Type)					
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, Iown,	or county)	(State)
REMOVAL (Specify) Purial 12-24-60 Mt. View	W		ha, Md		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		a. REC'D BY REGIST		STRAR'S SIGNATU	RE
F.C. Higinbothom, Ellicott City, Md	D	ATE DEC 27"	io a	thur & His	as

MANUAL OF THE PARTY OF THE PART	813	ENT OF HEALTH -BALTINOR	MTRASED STATE	DIALTERNI	
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		of Albert of Addition become			
The state of the s			St. F. St.		
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	The Charles Bud have	No area of the second			

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the attending physician and campletely filled in by the funeral director. Then please remave carban papers. Pages 1 and 2 should be filed with may be the back of the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health priar to burial, cremation, ar remaval, and in part event, within 72 hours after death.

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hg

TO HOSPIT

VR A1S (4) 1SM 9/S9

es after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12055

1. PLACE OF DEATH	ard		MARYL	AND	2. USUAL RESID	ence (Wharyla	ere deceased nd	lived. If institution b. COUNTY		e before adm LMORE	
b. CITY OR TOWN (If a RURAL ond give near Ellicott	outside corporate limi est town) City	s, write	c. LENGTH OF STAY I	11		own (If o		rote limits, write R	URAL ond g	ive nearest to	wn) L
d. NAME OF HOSPITAL OR INSTITUTION Taylor Mai	(If not in hospital, a	ive street			d. STREET A		n Oak	Avenue		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Jame		Middle Da vi d	1	Norr		4. DATE OF DEATH	Decei		Doy	Yeor 19 60
S. SEX Male	White	7. MARE	RIED A NEVER MARRIE	_	Oct 2,		2	9. AGE (In years lost birthdoy)		YEAR IF UN Doys Hour	7
10a. USUAL OCCUPATION during most of working Bricklaye:	(Give kind of work of life, even if retired)	lone 10b.	onstructio	n indus	TRY 11. BIRTHPU	CE (Stote	or foreign co	ountry)		S.	COUNTRY
13. FATHER'S NAME Samu	uel Norris	3			14. MOTHER'S Rack		Hurley	7			
15. WAS DECEASED EVER I	N U. S. ARMED FOR yes, give war ar dates of si	ervice)	SOCIAL SECURITY NO. 18-09-3049		formant rs. Mar	уE.	Norr	Add is - 531		nn Oa	k Ave
PART I. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (o DUE TO , which nediote	Му	ne for (o), (b), ond (c).] ocardial f	ailı		o vas	cular	disease	•	Unkn	ID DEATH
\{\bar{\gamma}\} Pulmon	ary emphy	sema							EN IN PART	PERI	S AUTOPSY FORMED?
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour o. m. p. m.			Not while	20e. PLA	CE OF INJURY (Flory, street, office	Home, form	, 20f. (City		(C	ounty)	(Stote
saw the deceased 220. SIGNATURE SCEPLES 22c. PHY CLIAN'S	d alive an Dec	embe	led the deceased of 123 60 and 1288 gness, M.D.	that de		12:45	MP#om D. RECTOR	the causes an	d on the	date state	ed abave 22b. DATE SIGNEI
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREO		23c. NAME OF CEME					10N (City, town, dlawn		arylan	tote)
Ellsworth A	2 III L MAR BEN	4600	ADDRESS Liberty H	ghts	s.Ave.	250. REC'I	BY REGIST		STRAR'S SIG		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 13972 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T NAME OF 4. DATE Middle Month Day Year DECEASED OF DEATH (Type or print) 196 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days WIDOWED W DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from. "that I last saw the deceased alive an and that death occurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

24a. REC'D BY REGISTRAR

DATE

DEC 2 0 '60

24b. REGISTRAR'S SIGNATURE

arthur S. France

ADDRESS

0

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15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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District Name of Street, Stree	25	
		Total Comment of the
		The second secon

FOR STATE
HEALTH DEPT.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12057

PLACE OF DEF COUNTY	04/01							U U U #
a. COUNTY	ATH			11	NCE (Where deceased			nce before edmiss
TI com soci			MARYLAND	a. STATE		b. COUNT		6
Howard	N (if outside corporate lim	nite	c. LENGTH OF STAY IN 16	Maryland	I (If outside corporate I	MOI:	itgomery	neerest fown)
write RURAL	and give neerest town)		C. LENGIII OI SIAI III II				1 /	
Hipsley M	Fill Road			Woodbi	140	2	10	X-OL
	SPITAL OR INSTITUTION	(if not In hospi	itel, give street eddress)	d. STREET ADDRES	S			ON A FAR
Woodba								YES TO NO
Woodbi	First		Middle	Last	4. DATE	Month	. Day	
DECEASED	FIIS	1	Middle	Ed 34	OF	Monin	. Day	Legs
(Type or print)	DAVID	E	WILSON		DEATH	Dec. 7	7.1960	19
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED T	B. DATE OF BIRTH			FUNDER 1 YEAR	IF UNDER 24 H
Male	White a	WIDOWED			- 1		Months Deys	Hours Mir
Vil.	White			Feb. 22, 1944	1 16	yrs.	1 50 CITIZENI	OF WHAT COUNT
	PATION (Give kind of working life, evan if retire		ID OF BUSINESS OR INDUST	KY II. BIKI HPLACE (SIE	te or foreign country)		12. CHIZEN	OF WHAT COUNT
Farm Wor	ck	Fa	arm	Marvla	and		I	JSA
13. FATHER'S NAM				14. MOTHER'S MAIDE				
Tomas	W William				m.41 m	fore green		
	M. Wilson	D CTC2 14 C	OCIAL CECUDITY NO. 1 47	1117001/111	Ruth H			
	(If yesgive werordetes of		OCIAL SECURITY NO. 17.	INFORMANT		Address		
no			none J	ames M. Wils	son Same	as 2		
	F DEATH [Entar only one	e cause per lin						TERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY:	O1	4				0	NSET AND DEATH
011	IMMEDIATE CAUSE (a)	_Gunsr	not wound of]	perineum				XXXXXXX
1 9/9	, 8 DUE TO							10 Min.
Conditions, if	eny, which) (b	1						TO MITH
		1						
gave rise to imm	nediate ceuse							
gave rise to imm (e), stating the	DIJE TO							
gave rise to imm (e), stating the cause lest.	underlying DUE TO	:)						
gave rise to imm (e), stating the cause lest.	underlying DUE TO	:)	RIBUTING TO DEATH BUT N	OT RELATED TO THE TER/	MINAL DISEASE COND	ITION GIVE	N IN PART 1(a)	19. WAS AUTOP
gave rise to imm (e), stating the cause lest.	underlying DUE TO	:)	RIBUTING TO DEATH BUT N	OT RELATED TO THE TER/	MINAL DISEASE COND	ITION GIVE	N IN PART 1(a)	19. WAS AUTOP PERFORMED YES NO
gave rise to imm (e), stating the cause lest.	ther SIGNIFICANT COND) DITIONS CONT						YES NO
gave rise to imm (e), stating the cause lest. PART II. OT 20e. EXTERNAL PRIMARY AT or	DUE TO	DITIONS CONT	E HOW INJURY OCCURED.	(Enter neture of Injury in I	Part I or Pert II of Item 1	^{8.)} Wh.i	ile hunt	PERFORMED
gave rise to imm (e), stating the cause test. PART II. OT 20e. EXTERNAL PRIMARY 50 or CAUSE OF DEA	HER SIGNIFICANT COND CAUSE WAS CONTRIBUTING	on stun	TE HOW INJURY OCCURED.	(Enter neture of Injury in I	Part I or Pert II of Hem 1	8.) Whi	ile hunt	YES NO I
gave rise to imm (e), stating the cause test. PART II. OT 20e. EXTERNAL PRIMARY 50 or CAUSE OF DEA	DUE TO (c) THER SIGNIFICANT COND L CAUSE WAS CONTRIBUTING 7 TH. NJURY Month, Dey, Yo	20b. DESCRIB	te HOW INJURY OCCURED. Appulled gun AJURY OCCURRED, 200. PL	(Enter neture of Injury in I up and acci ACE OF INJURY (Home, for	Part I or Pert II of Item 1 dentally derm, 201. (City or to	8.) Whi	ile hunt	YES NO
gave rise to imm (e), stating the cause lest. PART II. OT PRIMARY 30 or CAUSE OF DEA 20c. TIME OF III Hour e.i.	THER SIGNIFICANT COND L CAUSE WAS CONTRIBUTING 11	20b. DESCRIB On stum eer 2Dd. While	np pulled gun houry occurred. Not While 200. Pl	(Enter neture of Injury in I up and acci ACE OF INJURY (Home, for clory, street, office bldg., a	dentally derm, 20f. (City or to	^{8.)} Whi ischar	ile hunt	PERFORMED YES NO ying clim
gave rise to imm (e), stating the cause lest. PART II. OT 20e. EXTERNAL PRIMARY A) or CAUSE OF DEA 20c. TIME OF III Hour e.I	DUE TO (c) THER SIGNIFICANT COND CAUSE WAS CONTRIBUTING [1] TH. NJURY Month, Dey, You m. 12-7-60 19	20b. DESCRIB On stur eer 2Dd. II While at work	np pulled gun how while the pulled gun how while the pulled gun how while the pulled gun at work x	(Enter neture of Injury in I up and acci ACE OF INJURY (Home, for story, street, office bldg., a Woods	dentally d erm, 20f. (City or to	s.) Whi ischar wn) (rurs	ile hunt	PERFORMED YES NO Ging clim (Stell)
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